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		Application Number	09	9/865,196			
TRANSMITTAL FORM		Filing Date	M	ay 24, 2001			
		First Named Inventor	Ko	ok-Hwee Ng			
		Art Unit	36	553			
(to be used for all correspondence after initial filing)		Examiner Name	Je	effery A. Shapiro			
Total Number of Pages in This Submission	4	Attorney Docket Number	F-	5728			
ENCLOSURES (Check all that apply)							
Fee Transmittal Form		Drawing(s)		After Allowance Communication to TC			
Fee Attached		icensing-related Papers		Appeal Communication to Board of Appeals and Interferences			
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After Final				Proprietary Information			
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Addres	<u>.</u> [[	Status Letter			
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	1						
SIGNAT	URE OF	APPLICANT, ATTORNEY	OR A	GENT			
Firm Name Cook, Alex, McFarron, M				<u></u>			
	2						
Signature (	7						
Printed name James S. Pristelski							
Date April 20, 2006	April 20, 2006			27,222			

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suant to the Consolidated Appropriations Act, 2005 (H.R. 4818). EE TRANSMITTAL for FY 2006

Applicant claims small entity status. See 37 CFR 1.27

Complete If Known **Application Number** 09/865,196 Filing Date May 24, 2001 First Named Inventor Kok-Hwee Ng **Examiner Name** Jeffery A. Shapiro Art Unit 3653

TOTAL AMOUNT OF PA	YMENT	(\$)910.00	Atto	rney Docket No.	F-5728		<i>_</i>
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 50/1039  Deposit Account Name: Cook, Alex, McFarron, Manzo, Cummings & Mehler							
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1. BASIC FILING, SEA	RCH, AND	EXAMINATIO	ON FEES				
	FILING	FEES	SEARCH		EXAMINA'	TION FEES	
	- A	Small Entity	- 4	Small Entity	- 4	Small Entity	F D.: 1 (4)
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	<del> </del>
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES Small Entity							
Fee Description						<u>Fee (\$)</u>	Fee (\$)
Each claim over 20 (including Reissues)							25
Each independent claim over 3 (including Reissues) 200 100							
Multiple dependent clair Total Claims	ms Extra Cl	aims Foo	(\$) Fees Pa	uid (\$)		360 Multiple Dene	180 Indent Claims
- 20 or HP		X Y	= <u>rees re</u>	<u>ιια (φ)</u>		Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims	Extra CI	aims Fee	(\$) Fees Pa	iid (\$)			
- 3 or HP :	=	· x	=_				
HP = highest number of independent claims paid for, if greater than 3							
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Non-English Specification, \$130 fee (no small entity discount)							
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SUBMITTED BY			
Signature	mand (	Registration No. 27,222 (Attorney/Agent)	Telephone 312-236-8500
Name (Print/Type)	James S. Pristelski		Date April 20, 2006

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